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Non-medicate Pain Management in a Nursing Home

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Thesis abstract

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Treating pain and maintaining quality of life are one of the most important things in a nursing home. Because of the memory disorder, it can often be difficult to recognize pain. The purpose of the study was to describe nurses' knowledge and experiences of non-medical pain management in a nursing home. The research has been carried out in cooperation with nursing home that is in South Ostrobothnia. A questionnaire made using Forms was sent to the nursing home in question, which the nurses could answer.

The thesis was done as a quantitative survey and the results of the survey were analysed using a statistical method. The survey was answered by 24 nurses working in the nursing homes in question. They were registered nurses, practical nurses or care assistants.

All those who responded to the survey examined the resident's pain condition based on facial expressions and different vocalizations. Based on the answers to the survey, posture therapy is perceived as the most effective pain treatment. However, 21% of the respondents often feel that drug-free pain treatment is not enough.

Based on the research, 75% of the respondents feel that they need additional training regarding pain management. Attention should be paid to the training of nurses in the future, and the use of drug-free pain management methods should also be strengthened and increased.

¹ Keywords: Non-medicate pain management, nursing home, elderly people

TABLE OF CONTENTS

Thesis abstract	2
TABLE OF CONTENTS	3
Figures and Tables	5
1 INTRODUCTION	6
2 PAIN IN ELDERLY	7
2.1 Chronic pain	7
2.2 Acute pain.....	8
2.3 Intermittent pain.....	8
2.4 Cancer pain	8
3 RECOGNITION, ASSESSMENT AND TREATMENT OF PAIN IN ELDERLY	10
3.1 Signs of pain.....	10
3.2 Assessment of pain	10
3.3 Medical treatment of pain.....	11
3.4 Non-medical treatment of pain.....	12
4 AIM AND PURPOSE OF THE THESIS	15
5 IMPLEMENTATION OF THE RESEARCH.....	17
5.1 Research cooperation place	17
5.2 Research methods	17
5.3 Collection of material.....	18
5.4 Research analysis	18
6 RESULTS OF THESIS.....	20
6.1 Respondents' background information	20
6.2 Observing changes due to the patient's pain condition	20
6.3 Non-medical methods used	21
6.4 Difficulties of recognizing pain in a resident with severe memory problems	22
6.5 Adequacy of drug-free pain management	23
6.6 The need for education in pain management.....	24
7 ETHICS AND RELIABILITY	25

8 CONCLUSIONS	26
9 THESIS PROCESS AND PROFESSIONAL GROWTH	27
10 TOPICS AND FURTHER RESEARCH	28
BIBLIOGRAPHY	29
APPENDICES	32

Figures and Tables

Figure 1. Respondets work years.....	20
Figure 2. Observed changes.	21
Figure 3. Non-medical methods used.....	22
Figure 4. Difficulties of recognize pain.....	23
Figure 5. Adequacy of drug-free pain management	23
Figure 6. Need for education in pain management.....	24
Table 1 PAINAD scale (Monyelele, 2019).....	11

1 INTRODUCTION

Pain is always an uncomfortable and life-complicating experience, which a person can feel in many different ways (Estlander, 2003, p.3). Pain is something that no one can question. We can talk about pain as a problem, which means that then the person experiences pain which means that pain is the problem. How another person perceives another person's pain depends entirely on how the person experiencing pain expresses their own pain. For example, someone experiencing pain can; moans, limps, talks about his pain or rubs the sore spot. These are behaviors according to which a person communicates his pain to another person and can possibly communicate that he is suffering.

Thesis topic is Non-Medicate Pain Management in a Nursing home. The elderly suffers the most from pain because they have more diseases that affect this. One of the biggest factors affecting pain is memory disorder. It is more difficult for a person with dementia to recognize and describe their own pain. There are many different kinds of ways to treat pain or make it less painful. They can be medications or non-medicate ways. In this thesis the idea is also to research more ways to deal with pain management and research which ways are the best ones for elderly peoples. Usually, if a person feels pain somewhere, he first seeks help from medicines (Ojala, 2018, p.96). Pain and its treatment have been studied a lot, but despite that, medicine alone cannot treat chronic pain well or comprehensively, and medicine cannot explain it either. Good non-medical ways to treat pain are, for example, posture therapy, aids, orthoses and exercise (Ylinen-Luopa, 2020, p.9).

The aim of thesis is to develop and increase knowledge about non-medicate pain management in a nursing home. The purpose of thesis is to describe nurses' knowledge of non-medicate pain management in a nursing home. The thesis survey was carried out in cooperation with a nearby nursing home. The main goal of the survey is to find out if nurses recognize and treat pain with non-medical means. With the help of the survey, it will also be possible to find out if the nurses possibly need additional training regarding pain management. Nursing homes can use the results of the thesis and develop their own activity.

2 PAIN IN ELDERLY

Pain is a part of old age and usually pains also get worse with time. The longer the pain lasts, the more difficult it is to separate the consequences and the cause of the pain (Tilvis, 2004). Elderly people often underestimate their pain because they think it is part of old age. It may be more difficult for people with dementia to describe and express pain. In this case, the pain can also appear as confusion.

When the pain has lasted longer, it can be difficult to distinguish between its causes and consequences (Estlander, 2003, p.9). Pain can also cause a person to no longer feel as happy and a person's ability to function can also decrease. If a person is depressed and passive, it can also sensitize them to pain. A person's pain behavior is also influenced by beliefs, perceptions, expectations, emotional reactions, and aspirations. These things also affect other than pain behavior. Pain behavior is also influenced by the treatment relationship the person has and the attitude towards treatment procedures.

2.1 Chronic pain

Pain is considered chronic when it continues after the normal healing time of the tissues, 3-6 months (Estlander, 2003, p.17-18). The background of chronic pain is therefore usually tissue irritation or damage, but it may continue based on mechanisms. There are also diseases that meet the definitions of typical chronic pain in terms of time, but not the tissue damage in chronic pain that should be; for example rheumatoid arthritis is such a disease.

In the elderly, chronic pain may manifest as a lack of interest and concentration, sleep disturbances, psychomotor retardation, agitation, lack of appetite and, above all, depression. (Kalso, 2009).

Long-term experienced pain is limiting, can turn life into a passive one, it can be experienced as a hassle and a burden, and long-term pain can clearly weaken a person's will to live (Estlander, 2003, p.18). Pain usually has consequences, and the pain and the consequences can together exacerbate a person's pain problem for a long time. Chronic pain is notoriously intense and long-lasting pain, which is why a person can sometimes even think that death is a better option.

2.2 Acute pain

Organic factors can cause acute pain. (Estlander, 2003, p.16). If the pain is caused by an organic factor, then it is easy to treat, because then it has a clear cause. Examples that can be associated with acute pain are; Post-operative condition, procedure or sudden tissue damage. When the tissue damage heals, the pain also eases. It is good to remember that acute pain is always a necessary and appropriate warning sign, because It signals a physical illness or damage that is threatening your body.

Today it is also known that if a person has experienced acute pain, it can change the chemical and electrical activity of the brain (Estlander, 2003, p.42). If the damage has been in the area of the peripheral nervous system, it may even have caused permanent changes in the central nervous system. This can cause the person to experience pain more easily in the future.

2.3 Intermittent pain

There is also intermittent pain (Estlander, 2003, p.17). This means that a person can also have completely symptom-free episodes and sometimes really bad pain episodes. For example, many back pain patients, migraine patients and trigeminal neuralgia suffer from intermittent pain. The reason for the recurrence of these pain conditions is usually unknown.

2.4 Cancer pain

Cancer is a disease in which only some patients experience pain in the early stages (Terveyskylä, 2019). All other symptoms are usually very minor, or the person has no pain at all. Pain and other symptoms usually ease when a cure for cancer is found. The location and size of the cancer tumor and metastases affect how the cancer manifests itself. The patient's symptoms are also affected by age, general condition, and other possible diseases of the patient. The treatment given to the cancer also affects its symptoms. Each cancer patient has his own treatment plan because the symptoms of cancer are everything. It aims to consider the intensity, quantity and how they impair the patient's quality of life.

At receptions and treatment situations, the questions are usually very common, which is why the detailed treatment and mapping of the cancer patient's symptoms may be forgotten (Salminen & Salmenoja, 2007). If the symptoms are recorded and explained poorly, it can lead to undertreatment of the symptoms. Many symptoms are connected to each other, which is why they can cause a cycle. The reason for poor treatment of symptoms is often found in their underestimation. Underestimation is the reason why the patient receives poor treatment for symptoms. It is good to remember to ask about the patient's symptoms, so that the patient also brings up the unpleasant things.

3 RECOGNITION, ASSESSMENT AND TREATMENT OF PAIN IN ELDERLY

The pain patient is interviewed and examined carefully. The intensity, duration, type and location of the pain and the patient's ability to function are assessed and recorded. The starting point for pain assessment is the patient's own assessment. The intensity of the pain is assessed, for example, with a pain line or a numerical scale. In addition, sensory, motor, and other symptoms are assessed. It is important to consider significant diseases, medications, lifestyle, and psychosocial situation.

3.1 Signs of pain

Common signs of pain are different kinds of facial expressions, vocalizations, changes in behavior and abnormal movement (Terveyskylä, 2019). You can see if the person has thigh facial expressions (frowning for example), making unusual voices, restless movements or refuses to move at all, and especially person with memory problem might act aggressive.

It is still possible to think that the pain is "real" if its organic cause is found; if not, it is "unreal" or "psychogenic", in the vernacular "between the ears" or "delusional illness" (Estlander, 2003, p.39,54). Accentuated or dramatic pain behavior without a clear organic explanation may be thought to indicate a hypochondriacal overreaction, simulation, or aggravation, i.e., unconscious, or conscious exaggeration of symptoms. The quality of the disease, the severity of the damage and the intensity of the pain affect the expression of pain and the consequences of pain.

3.2 Assessment of pain

There is this PAINAD-meter, which is intended for identifying pain in a patient with memory impairment (Ylinen-Luopa, 2020). Point class if from 0 to 2. Categories are; breathing, voices, facial expressions, body language and comforting. Scoring is 0-10, and if patient gets 0 there isn't pain and if 10 the pain is unbearable. The absence of pain detected with the PAINAD meter during treatment seems to give a fairly strong indication of actual painlessness, especially when assessing the pain of severely demented patients (Björkman et al., 2007). With all of this we can assume that PAINAD-meter is the best way to assessment pain in a

nursing home, because most of the patients have at least some kind of memory impairment. (Table 1.)

Table 1 PAINAD scale (Monyelele, 2019).

	0	1	2	Score
Breathing Independent of vocalization	Normal	Occasional labored breathing. Short period of hyperventilation.	Noisy labored breathing. Long period of hyperventilation. Cheyne-Stokes respirations.	
Negative Vocalization	None	Occasional moan or groan. Low-level speech with a negative or disapproving quality.	Repeated troubled calling out. Loud moaning or groaning. Crying.	
Facial expression	Smiling, or inexpressive	Sad. Frightened. Frown	Facial grimacing	
Body language	Relaxed	Tense. Distressed pacing. Fidgeting.	Rigid. Fists clenched. Knees pulled up. Pulling or pushing away. Striking out.	
Consolability	No need to console	Distracted or reassured by voice or touch.	Unable to console, distract or reassure.	

There is also VAS and VRS -meters which can be used to pain assessment. The VAS meter is a 100 mm long segment on which the patient draws a line at the point that he feels best describes the degree of pain (Frederikson & Axelin, 2023, p.46). The left end of the VAS line describes a state of being in which no pain is felt, and the right end describes the worst possible pain. However, the VAS line is not considered effective in the elderly, especially if their functional capacity is not normal. The VRS meter is again verbal, where the patient describes the pain in words; No pain, mild, moderate, severe, very severe and the worst possible pain in terms. These two pain meters are perceived to correspond to each other.

3.3 Medical treatment of pain

In nursing care home, the pain can be treated with medical treatment. The most commonly used painkillers are; anti-inflammatory drugs, paracetamol and opioids. Which medicine is used always depends on the situation and what the pain is like. The nurse must know the drug groups, because they all have a different meaning in treating the pain itself (Terveyskylä, 2018).

The task of anti-inflammatory drugs is to relieve inflammation, reduce possible fever and of course relieve pain (Terveyskylä, 2018). The best known of the anti-inflammatory drugs is

ibuprofen. However, anti-inflammatory drugs usually do not work well in the treatment of long-term pain. Anti-inflammatory drugs usually affect the pain caused by fresh tissue damage, but in long-term pain there may not be any damage at all, so the anti-inflammatory drug can practically not affect anything. Anti-inflammatory drugs also have side effects, most commonly some kind of stomach symptoms.

Paracetamol differs from anti-inflammatory drugs in that it relieves pain and lowers possible fever, but paracetamol does not reduce inflammation (Terveyskylä, 2018). It also relieves pain worse than anti-inflammatory drugs. Paracetamol also has fewer side effects, which is why it is considered a safe drug and is widely used, for example, in the treatment of pain in the elderly.

Opioids are also drugs used in pain management and the best known of them are morphine, oxycodone, fentanyl, tramadol, and codeine (Terveyskylä, 2018). Opioids are effective pain relievers and can also relieve anxiety. If the pain has been long-lasting, patches or tablets that are applied to the skin are usually used. Opioids can also be put directly into a vein, on the mucous membranes of the mouth or under the skin. Opioids also have side effects such as fatigue, nausea, sweating and constipation. Opioids may also cause a strong feeling of well-being even after the first use, and this can potentially cause addiction.

There are also various medicated local treatment preparations (Terveyskylä, 2018). Anti-inflammatory drugs exist, for example, as ointments, which are used e.g. support and exercise pains. Medicated patches are also used in nursing homes, from which the medicinal substance is absorbed into the central nervous system through the surface blood circulation of the skin.

3.4 Non-medical treatment of pain

Drug-free ways to treat pain are usually different kinds of exercises, posture therapy, orthoses, health guidance, consideration of social and psychological needs, wound care and various aids ((Ylinen-Luopa, 2020, p. 9- 18).

One of the methods of drug-free pain treatment is relaxation and practicing conscious presence (Terveyskylä, 2018). When the mind is relaxed and the tension decreases, the pain may also ease. Various relaxation exercises can, for example, relax muscles and relieve

pain. Conscious presence may also relieve pain, because then the aim is to strengthen the patient's ability to be present. In these, for example, you can learn to pay attention to different parts of the body and by listening to sensations. Many pain patients have found these helpful. Various stimuli can also reduce pain, because then the mind is also focused on something else. Such stimuli can be listening to music, reading, or watching TV.

Posture therapy is an easy and common way to treat pain and it also prevents, for example, the occurrence of pressure ulcers. When the patient has limited mobility, this is an important part of the treatment, and it can be implemented by using pillows or other shapeable platforms (Terveyskirjasto, 2021). With posture therapy, blood circulation and breathing are increased and promoted, and incorrect joint positions are prevented.

Cold and heat therapy are also widely used in pain management. Cold therapy lowers tissue temperature, reduces swelling, and causes blood vessels to constrict (Suomen Kipu Ry, n.d.) This causes the pain to ease, the muscles to relax and can also help maintain joint mobility. Again, heat therapy works in the opposite way to cold therapy. It raises the temperature of the tissues, increases blood circulation, metabolism, and the elasticity of the tissues. In addition, it also relaxes the muscles.

A rollator is also one of the aids that you probably see most often used by the elderly. The rollator is recommended to be used when the help provided by other aids is no longer enough or is unsafe (Invalidiliitto, n.d.) The rollator supports the user's balance and also gives the opportunity to sit between walks and carry things. It facilitates and supports everyday movement and functional ability.

In nursing homes, it is common to see various wounds, which can be, for example, pressure ulcers. We cannot start treating a wound if we do not know its diagnosis or cause, because then it is impossible to draw up a treatment line (HUS, 2018). In wound care, the most important thing is to be aseptic and remember the order in which you proceed in wound care. In addition to local treatment, other things that affect the healing of the wound should also be considered, Edema, pressure, and nutrition. Wound care can often be painful, so the pain felt by the patient should also be considered. It would be important to have the wound treated so that the treatment intervals are as short as possible. What products are used in wound care depends on how the wound looks, tissue type, depth, size, location and whether the wound secretes a lot of exudates. Only CE-marked products should be used in wound care.

4 AIM AND PURPOSE OF THE THESIS

The aim of the thesis is to develop and increase knowledge about non-medicate pain management in nursing homes. Pain management is an important part of the nurses' task in a nursing home in order to be able to maintain a good quality of life. Pain management is not easy, especially if the patient is a person with dementia, who finds it difficult to tell or describe their own pain verbally. In this case, it is up to the nurse to identify the pain. Due to the patient's condition, the administration of drugs can also be difficult or even useless, in which case it is really important to know and know enough about drug-free pain management methods. This is why it is important to develop and increase knowledge.

The purpose of the thesis was to describe nurses' knowledge of non-medical means in nursing homes. With the help of the survey, it was possible to find out, for example, which non-medical methods are perceived as the best ways to relieve pain, how easily the pain is recognizable or whether non-medical methods are always sufficient. The survey also surveyed whether nurses feel they need more training in pain management.

The research question of the thesis was:

What kind of experiences do nurses have with non-medicate pain management In a Nursing home?

5 IMPLEMENTATION OF THE RESEARCH

5.1 Research cooperation place

The thesis research was carried out in cooperation with a nursing home located in South Ostrobothnia. The nursing home has many kinds of residents, which also makes pain management and pain identification more versatile. Most of the residents also have a memory disorder, which often makes identifying pain more difficult. The elderly are often really shy to tell caregivers about the pain they experience, and that often makes measuring pain difficult (Tarkkila, 2005). Nursing home nurses were allowed to answer the survey anonymously. The nurses were either registered nurses, practical nurses, or care assistants. However, the survey did not ask about the professional title, because identifying pain and treating it belongs to everyone and it was not essential for the results of the studies.

5.2 Research methods

Quantitative method is used this thesis when collecting the data from the survey. In quantitative research, the results are obtained through numbers and statistics. (Jyväskylän Yliopisto, n.d.) Quantitative method answers to questions; Where? What? How much? How often? (Heikkilä, 2014, p.7). Data is collected from nurses who are working in a nursing home, there will be answers from registered nurses, practical nurses, and care assistants. When making a survey, you should pay attention to the fact that the survey is not too long. The response time should be a maximum of 15-20 minutes, but in this thesis the average response time was two and half minutes. The questions and answers of the survey should be clear and in a logical order. In a structured survey, the answers must be clear, and they must be non-exclusive. (Luoto, 2009). In this way the results of the survey are being clear and easy to analyze. Since the survey was done at a certain time and the answers were only received from that moment, cross-sectional research was also used in the research (Jyväskylän Yliopisto, 2015).

The thesis survey was first sent to the service manager of the nursing home in question. Purpose was to get as many answers as possible to the survey, which is why the survey was sent to a shared WhatsApp group at the workplace. That way, everyone was able to answer it better, when it came up.

5.3 Collection of material

The data collection method for this thesis was a survey. A survey done on the Internet can be easily delivered to many people and this is considered its advantage (Leinonen, 2019). The survey was made as a Forms survey, which is easy to answer both on a computer and on your own phone. The nurses' response time was February 6-March 9, 2023. The survey was sent to the workplace's WhatsApp group, allowing the respondents to answer the survey quickly and also from places other than the workplace.

Before sending the questionnaire (Appendix 1.), it is evaluated from many different points of view. It was important that the questions were clear and the answer options clear enough. The questionnaire mainly had ready-made answer options, with the exception of two points where the respondent could also add his own option if he wished. These questions concerned the changes caused by the patient's pain and the non-medical means of treating the pain. There were seven questions in the survey, which the nurses had to answer in order to be able to return the survey answers. The average response time to the survey was two and a half minutes.

5.4 Research analysis

After gotten the results of the survey, the results were analyzed. In this statistical method is used and the results are described as frequency and percentage. The purpose of analysis is to find out about the occurrence of the issue with the help of numbers and statistics.

(Jyväskylän Yliopisto, n.d.)

The results were also opened verbally. In some questions, only 2 or less answers were given to some of the options, so they were not opened further in this study. When the research is based on a survey, the author's problem may be the amount of numerical data (KvantiMOTV, 2012). For this reason, it is not necessary to write down all the information, but to remove the irrelevant ones from the point of view of the goals. For this reason, the larger and most relevant numbers have been opened up in the study. Tables and figures were also used in the analysis of the results. Figures and tables help the reader to illustrate the results better.

In the research questionnaire, the respondents also had to tell the years of work they had experienced in the care sector. This was used especially when it was wanted to find out the need for possible additional training.

6 RESULTS OF THESIS

6.1 Respondents' background information

24 nurses answered the survey, which is a really large number considering the number of employees in this nursing home. Such a large number of respondents also increases the reliability of the survey. They could be registered nurses, practical nurses or care assistants. Respondents to the survey did not have to answer which occupational category they belonged to.

Most of the survey respondents, i.e. 58%, have worked in the field for more than 10 years (Figure 1). 17% of respondents have worked in the field for 0-2 years and another 17% have worked in the field for 3-5 years. The least number of respondents (8%) have worked in the field for 6-10 years.

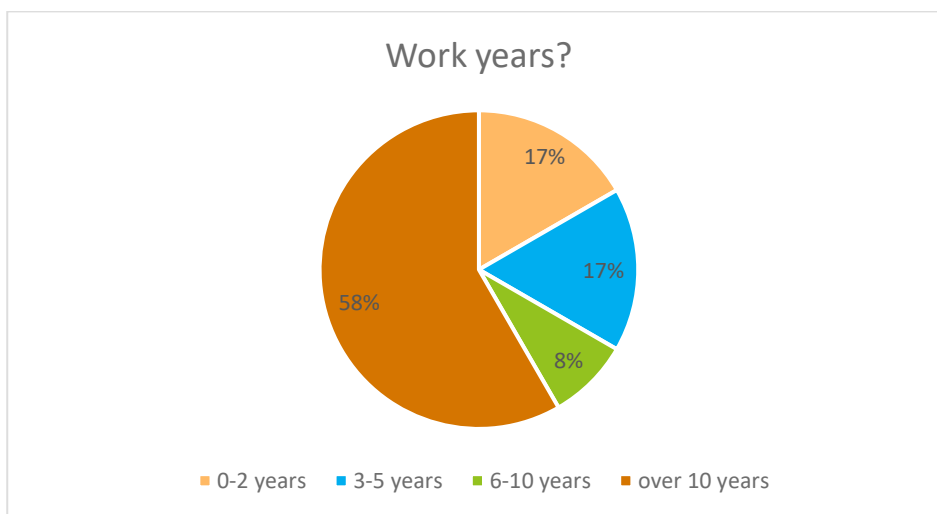


Figure 1. Respondents work years.

6.2 Observing changes due to the patient's pain condition

When asked which changes caused by the patient monitor the patient's pain condition, all 24 respondents (100%) observe the patient's pain state based on facial expressions and different vocalizations (Figure 2). 88% of the respondents observe the patient's aggressiveness and 83% also other mood changes. 19 of the respondents (79%) observe changes in the patient's breathing. Changes in the patient's heart rate are monitored by 50% and changes in blood pressure by 50% of the respondents.

The answer option was also to choose "Other", where the respondent could write an open answer. One of the respondents said that they also monitor the level of consciousness and one of the respondents also said that they pay attention to the resident holistically. Two of the respondents (8%) said that they also observe the patient's sweating.

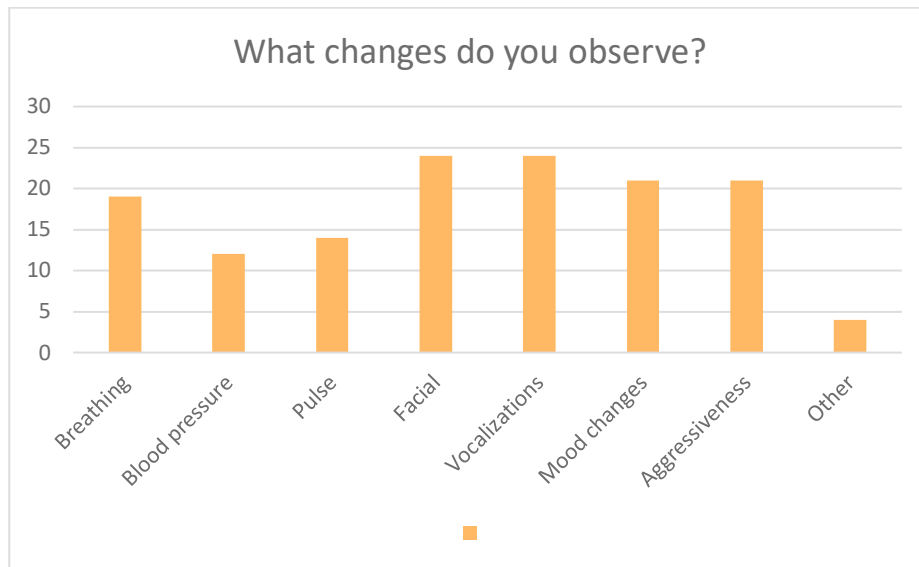


Figure 2. Observed changes.

6.3 Non-medical methods used

The purpose of the study was to find out the nurses' knowledge of non-pharmacological pain management methods, so one of the most important questions was to ask what methods they use. All respondents to the survey 24 (100%) said that they use posture therapy to treat pain (Figure 3). Assistive devices are used by 18 (75%) of the respondents. 5 (21%) use orthoses and various exercises to treat pain. 6 (25%) of respondents use some form of physiotherapy. Health guidance (e.g. diet) is used by 6 (25%) of respondents. Cold therapy is used by 14 (58%) and heat therapy by a slightly smaller number, i.e. 10 (42%). Different kinds of exercises are used by 5 (21%).

The answer option was also to choose "Other", where the respondent could write an open answer. One of the respondents said that they also use walking to treat pain, and one of the respondents said that they use a light massage. Two of the respondents (8%) said that they

also use conversation and presence with the resident to treat pain.

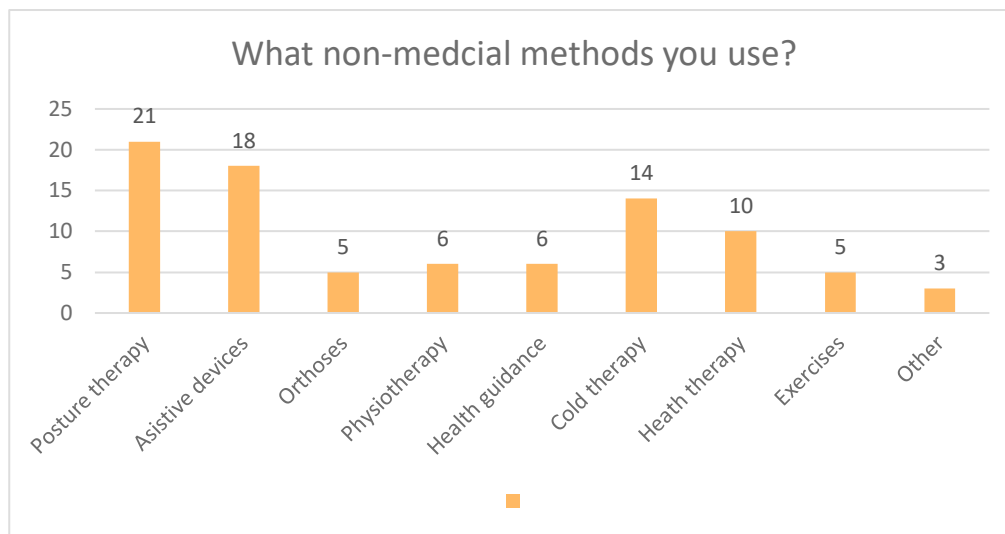


Figure 3. Non-medical methods used

6.4 Difficulties of recognizing pain in a resident with severe memory problems

In the nursing home there might be many patients with memory problems. The question for the nurses was that do they feel it difficult to recognizing the pain in this kind of situations. The majority of the respondents, i.e. 19 (79%), find it difficult to identify pain in a resident with dementia sometimes difficult (Figure 4).

Five of the respondents (21%) feel that they do not recognize it as difficult at all. Three of these have worked in the field for more than 10 years.

None of the respondents chose the opinion that they would always find it difficult to recognize pain in such a situation.

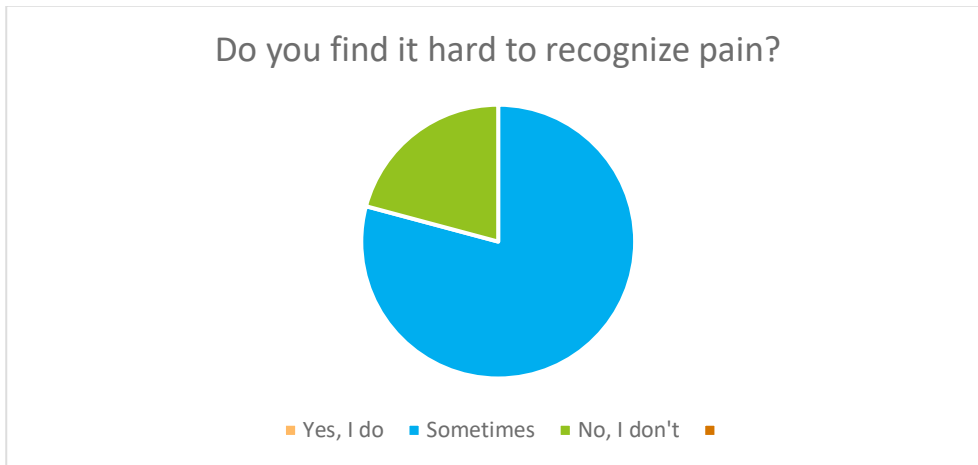


Figure 4. Difficulties of recognize pain

6.5 Adequacy of drug-free pain management

Sometimes it might be that drug-free pain management isn't enough and one questions was made for finding how often that happens. Most of the respondents, 17 (71%), feel that time to time drug-free pain treatment is not enough to treat pain alone, and 5 (21%) sometimes feel that it is not enough (Figure 5). However, 2 (8%) of the respondents rarely feel that drug-free pain treatment is not enough.

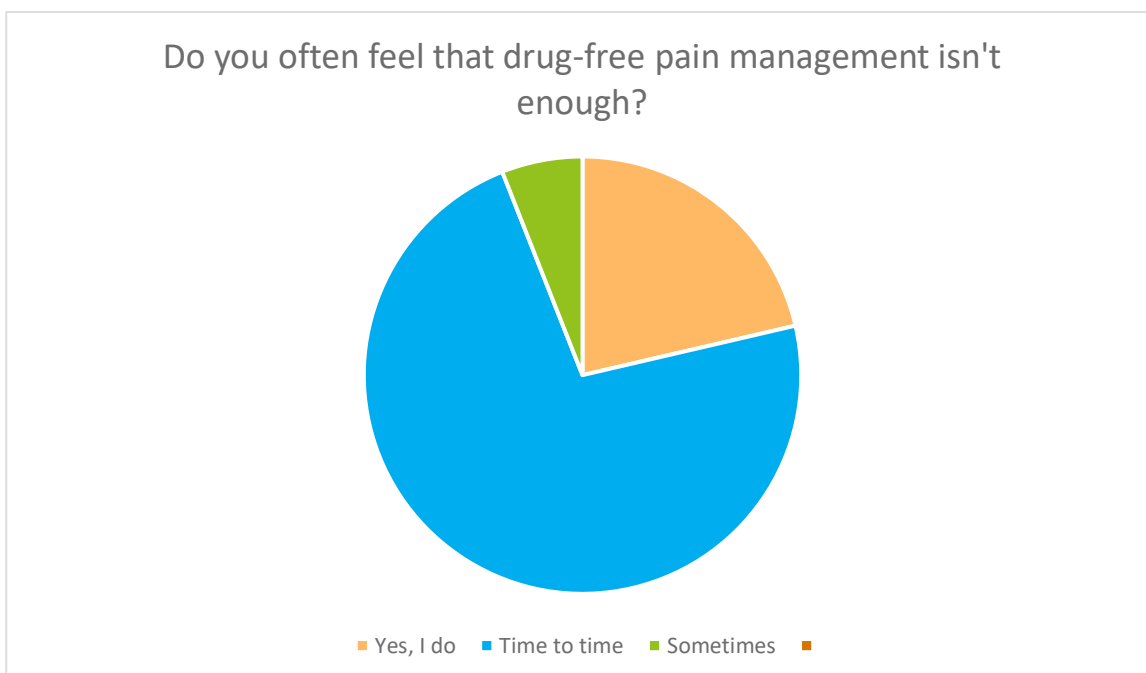


Figure 5. Adequacy of drug-free pain management

6.6 The need for education in pain management

When asked do the nurses feel that they might need more education, majority of survey respondents (75%) feel that they time to time need education in pain management. Only one of the respondents feels that they absolutely need education (Figure 6).

Five of the respondents (21%) do not feel that they need education regarding pain management. Three of them have worked in the field for more than 10 years.

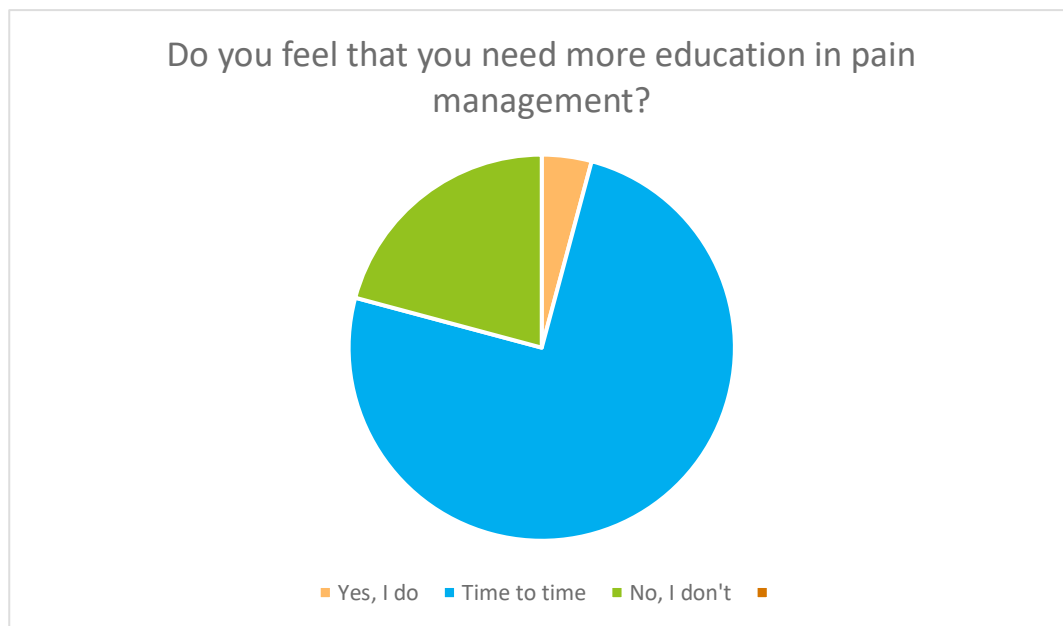


Figure 6. Need for education in pain management.

7 ETHICS AND RELIABILITY

When doing a thesis, you should be aware that the work is carried out honestly and correctly. In this thesis, the survey plays a big role, and it is important that it is also implemented in the right way. Heikkilä (2014, p. 14-15) says that the reliability of the results is improved by a good questionnaire and that there are enough respondents. When making a survey, clear questions and clarity should be considered. 24 nurses responded to the survey, which is a large number of nurses. The more respondents there are to the survey, the more reliable the result will be.

Each survey respondent answers anonymously. With this, we respect the respondent's privacy and ensure that everyone dares to answer the survey truthfully. For example, admitting the need for additional training can be difficult, so answering anonymously allows everyone to answer how they really think. When analyzing the results, care should be taken that the identity of any respondent cannot even be guessed. The research results were carefully analyzed, and the information has been checked several times in order to avoid unnecessary mistakes and the provision of incorrect information.

All information must be truthful and must also be collected correctly. Anything that is not written by oneself may not be written in the thesis as such. By writing the references and bibliography correctly, it is possible to respect the text written by others, but still utilize the information they provide in this research. The purpose of this thesis is to create new information and the information must be reliable.

A research permit is needed for the research of the thesis so that the research can be carried out properly and permitted. The research permit was sent to the service manager of the unit in question and the director of services for the elderly, both of whom got to see the research permit before approving it before signing it.

8 CONCLUSIONS

According to the results of the thesis, nurses use many different non-medicinal methods for pain management. There are many options for treating pain, but still, for example, posture therapy and various aids were the most used ways to treat pain. In the study, it was also good to note that although the pain of a person with memory loss can sometimes be difficult to recognize, none of the caregivers answered that they always felt it difficult. Of course, the years of work increase experience and know-how, which is why a few people who have worked in the field for more than 10 years said that they do not find it difficult at all to recognize pain in a resident with dementia.

The thesis research also wanted to find out if there is a need for possible additional training. According to the survey results, 75% of the respondents feel that they need additional training from time to time. Five of the nurses who responded to the survey believed they do not feel they need additional training in pain management, three of them have worked in the field for more than 10 years. Patients are only getting sicker all the time, and because of that, nurses will need more knowledge and skills all the time, because knowledge is being renewed all the time (Piironen & Kuisma, 2023). Even if the know-how and knowledge are good, it is still necessary to expand and increase the know-how and above all to update it. Today, we cannot assume that things learned five years ago, for example, would be up to date today. According to the research, there could very well be a need for additional training, especially in the units in question.

However, based on the research results, the years of work did not matter in what kind of methods are used in pain management. The years of work also did not affect what things the nurse considers when identifying the resident's pain condition. The fact that coworkers are able to discuss and share their own knowledge and skills is one of the ways we can develop our skills (Piironen & Kuisma, 2023).

9 THESIS PROCESS AND PROFESSIONAL GROWTH

Planning the thesis started in April 2022. Choosing the topic was easy for the author of the thesis, because she had a great interest in the elderly and she had a great desire to learn more about pain management for the elderly. Drug-free pain management was chosen as a topic so that the research would not become too medical. It was also easy to decide on a partner because it was familiar to the thesis worker and made it easier to get the survey across. Conducting a survey was clear from the beginning.

The thesis plan was ready by December 2022. Once the thesis plan was accepted, it was time to start preparing the research contract and send the research questionnaire forward to be answered. Answers to the survey accumulated very quickly, and they could be quickly analyzed into text.

Doing the thesis was pleasant and educational. The thesis author's own knowledge increased greatly both about pain management and about conducting the research itself.

10 TOPICS AND FURTHER RESEARCH

As a follow-up study, it would be interesting to conduct an even wider survey of several different nursing homes and find out what kind of differences there are in the centers of the different units. It would also be interesting to find out if the differences in knowledge of pain management are significant between, for example, a nurse and a family nurse.

It would also be great to study more broadly what different changes in a person's mental and physical being pain can cause. It is known that especially feeling constant pain affects a person's psychological well-being a lot, which is why it would be interesting to study this matter more.

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APPENDICES

Appendix 1. Survey

Appendix 1. Survey

1. How long have you worked in the nursing field?

0-2 years

3-5 years

6-10 years

Over 10 years

2. What changes due to the patient do you observe in the patient's pain state?

Changes in breathing

Changes in blood pressure

Changes in heart rate

Facial expressions

Different pronunciations

Mood changes

Aggressiveness

3. What are the most common non-medicinal methods you use to treat pain in a nursing home?

Posture therapy

Assistive devices (e.g. rollator, EVA stand)

Orthotics

Different exercises

Health guidance (diet, lifestyle, etc.)

Physiotherapy

Cold therapy

Heat treatment

Relaxation exercises

4. Do you find it difficult to recognize pain in a resident with dementia?

Yes, I do

I find it difficult at sometimes

No, I don't

5. Do you feel that you need additional training in pain management?

Yes, I do

I feel like I need it from time to time

No, I don't

6. Do you often feel that drug-free pain treatment is not enough?

Yes, I do

I feel that time to time

I do feel that rarely

I never feel that